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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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IN RE APPLICATION OF:

MAY 25 2001

Hideo ABE, et al.

Technology Center 2000

SERIAL NUMBER: 09/625,359

: ATTN:

FILED: July 25, 2000

: APPLICATION DIVISION

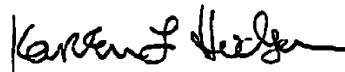
FOR: PAPER IDENTIFICATION COUNTER AND  
PAPER IDENTIFICATION AND COUNTING  
METHODREQUEST FOR OFFICIAL FILING RECEIPTHonorable Commissioner of Patents & Trademarks  
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Sir:

The Patent Office is respectfully requested to provide  
an Official Filing Receipt for the above-identified  
Application.

If you have any questions, please contact the  
undersigned.

Respectfully submitted,

OBLON, SPIVAK, MCCLELLAND,  
MAIER & NEUSTADT, P.C.Karen L. Hudson  
Operations Supervisor**22850**(703) 412-6236  
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Bib Data Sheet

CONFIRMATION NO. 6735

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/625,359 | <b>FILING DATE</b><br>07/25/2000<br><b>RULE</b> | <b>CLASS</b><br>382 | <b>GROUP ART UNIT</b><br>2721 | <b>ATTORNEY DOCKET NO.</b><br>194917US2 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

Hideo Abe, Residence Not Provided;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 09/13/2000

\*\* SMALL ENTITY \*\*

|  |                         |                             |                           |                                 |
|--|-------------------------|-----------------------------|---------------------------|---------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b> | <b>SHEETS DRAWING</b><br>23 | <b>TOTAL CLAIMS</b><br>44 | <b>INDEPENDENT CLAIMS</b><br>10 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                         |                             |                           |                                 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                         |                             |                           |                                 |

## ADDRESS

22850

## TITLE

Paper identification counter and paper identification and counting method

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834

FEES: Authority has been given in Paper  
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